HAMILTON COUNTY MEDICAL RESERVE CORPS

VOLUNTEER REGISTRATION

PLEASE NOTE: That it is understood that your information is sensitive, your information will only be utilized for the MRC Unit and emergency dispensing planning purposes.

PERSONAL INFORMATION

***REQUIRED FIELDS**

This information is useful for purposes of identification.

***FIRST NAME:** _____ **MIDDLE NAME:** _____

***LAST NAME:** _____ **DATE OF BIRTH:** _____

CONTACT INFORMATION

***REQUIRED FIELDS**

This information is useful for contact purposes.

***ADDRESS:** _____ **DAYTIME PHONE:** ( ) -

***CITY:** _____ **EVENING PHONE:** ( ) -

***STATE:** _____ **ZIP CODE:** ☐☐☐☐☐ **FAX NUMBER:** ( ) -

***COUNTY:** _____ **CELL PHONE:** ( ) -

***E-MAIL:** _____

EMPLOYMENT INFORMATION

Providing employment information is useful for two purposes. It assists the MRC Unit in the locating of medical facilities within the county, these facilities are valuable resources to the MRC Unit. It also assist with the deployment of volunteers. For example: in the event of an emergency that impacts a local hospital capacity, hospital personal would not be able to volunteer. However, any available volunteers not need by their employers would be available to volunteer and be deployed. Please note that the MRC Unit will not contact you at your place of employment unless you check this box ☐.

EMPLOYMENT STATUS: ☐ EMPLOYED/ SELF-EMPLOYED ☐ NOT CURRENTLY EMPLOYED ☐ RETIRED

EMPLOYER: _____

ADDRESS: _____ **DAYTIME PHONE:** ( ) -

CITY: _____ **FAX NUMBER:** ( ) -

STATE: _____ ***ZIP CODE:** ☐☐☐☐☐

COUNTY: _____

E-MAIL: _____

OCCUPATIONAL PROFILE

Occupational information is useful for purposes of identifying your area/areas of expertise and experience.

ARE YOU LICENSED/ CERTIFIED IN A HEALTH RELATED FIELD? ☐ YES ☐ NO

PRIMARY LICENSE /CERTIFICATION NUMBER: _____

SECONDARY LICENSE /CERTIFICATION NUMBER: _____

PRIMARY OCCUPATION:

☐ PHARMACIST	☐ MA/ CNA/ CMA	☐ PHYSICIAN ASSISTANT/NURSE PRACTITIONER
☐ VETERINARIAN	☐ NURSING-RN/ LPN	☐ MD/ DO
☐ EMT/ PARAMEDIC	☐ DENTAL HYGIENIST	☐ DENTIST
☐ RESPIRATORY THERAPIST	☐ GOVERNMENT EMPLOYEE	☐ TEACHER
☐ CLERGY/ SOCIAL WORKER	☐ ADMINISTRATION/ SUPPORT	☐ STUDENT

☐ OTHER **IF OTHER, PLEASE SPECIFY:** _____

SECONDARY OCCUPATION: _____

_____

REGISTRANT STATUS

VOLUNTEER STATUS:

☐ I AM A CURRENT MEMBER AND WISH TO CONTINUE

☐ I AM A NEW VOLUNTEER